

Soule Early Childhood Center

652 Hammond St

Brookline, Ma 02467

Phone 617.739.7598 Fax 617.739.7594

www.brooklinerec.com

Preschool Yearly Contract 2013-2014

Child's Information

First name _____ Last name _____

Date of Birth ____/____/____ Gender: ☐ Male ☐ Female **Office Use Only:** Aging Date _____

Preschool 1 (2.9 – 4.9 years old)

Time 8:00AM – 12:30PM Monthly Tuition Cost	<input type="checkbox"/> 5 days (Mon-Fri) \$496		
Time 8:00AM – 4:00PM Monthly Tuition Cost	<input type="checkbox"/> 5 days (Mon-Fri) \$941	<input type="checkbox"/> 4 days (M Tu W Th F) \$852	<input type="checkbox"/> 3 days (M Tu W Th F) \$763
Time 8:00AM – 6:00PM Monthly Tuition Cost	<input type="checkbox"/> 5 days (Mon-Fri) \$1163	<input type="checkbox"/> 4 days (M Tu W Th F) \$1056	<input type="checkbox"/> 3 days (M Tu W Th F) \$892

Preschool 2 (3.9 – 4.9 years old)

Time 8:00AM – 12:30PM Monthly Tuition Cost	<input type="checkbox"/> 5 days (Mon-Fri) \$496		
Time 8:00AM – 4:00PM Monthly Tuition Cost	<input type="checkbox"/> 5 days (Mon-Fri) \$941	<input type="checkbox"/> 4 days (M Tu W Th F) \$852	<input type="checkbox"/> 3 days (M Tu W Th F) \$763
Time 8:00AM – 6:00PM Monthly Tuition Cost	<input type="checkbox"/> 5 days (Mon-Fri) \$1163	<input type="checkbox"/> 4 days (M Tu W Th F) \$1056	<input type="checkbox"/> 3 days (M Tu W Th F) \$892

Preschool 3 (2.9 – 4.9 years old)

Time 8:00AM – 12:30PM Monthly Tuition Cost	<input type="checkbox"/> 5 days (Mon-Fri) \$496
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Payment Schedule (Please read carefully)

- A non-refundable **registration fee of \$125 is required** at the time of enrollment.
- **A proof of residency is required** at the time of enrollment. Acceptable documentation includes current utility bills, tax documents, and lease or mortgage documentation.
- A non-refundable deposit of \$ 496.00 is due by **February 1st, 2013.**
- A **new preschooler** enrollment one month deposit is due with signed contract.
- All payments begin **September 1st, 2013.** All payments are due the first of every month.
- Deposit given upon enrollment will be credited towards June 2014 tuition.

Payment Method

- Automatic tuition payments through Plug and Play (see attached Credit Card Authorization form)
- Payments may be made on line through our website (www.brooklinerec.com) and by logging into your personal household
- Accepted forms of payment: Check payable to Town of Brookline, money order, Visa and MasterCard.



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The conditions that apply to the payment contract:	Parent Initials
<ul style="list-style-type: none">A non-refundable registration fee of \$125 is required at the time of enrollment.	
<ul style="list-style-type: none">A proof of residency is required at the time of enrollment. Acceptable documentation includes current utility bills, tax documents, and lease or mortgage documentation.	
<ul style="list-style-type: none">A non-refundable deposit of \$ 496.00 is due by February 1st, 2013 (Current families only).	
<ul style="list-style-type: none">A one month non-refundable deposit of \$ 496.00 is due with signed contract (new families only).	
<ul style="list-style-type: none">All payments begin September 1st, 2013. All payments are due the first of every month.	
<ul style="list-style-type: none">A 30-day withdraw policy is required. If 30-day notice is not given in writing, you will be billed for the next monthly billing cycle. Daily prorating will not be accepted during the withdrawal period.	
<ul style="list-style-type: none">You must notify the center if you move during the school year.	
<ul style="list-style-type: none">A late fee of \$20 will be charged to your monthly bill if full payments are not received by the due date.	
<ul style="list-style-type: none">A \$20 fee will be charged for all returned checks.	
<ul style="list-style-type: none">A \$ 25.00 fee will be charged after the 2nd change to your schedule	

All information on this application and supporting documentation will be used to determine eligibility for child care. I certify that the information provided is correct and complete to the best of my knowledge. I agree to pay all monthly fees to the authorized child care provider. I understand that providing false or misleading information in connection with this application and/or failure to report within ten days any change in circumstances that might impact my eligibility or fee may result in termination of the child care center.

Parent Signature _____

Parent Print Name _____

Date _____

